

County: Kenosha  
WOODSTOCK HEALTH & REHABILITATION CENTER  
3415 N SHERIDAN RD

Facility ID: 9590

Page 1

KENOSHA 53140 Phone: (262) 657-6175  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/01): 130  
Total Licensed Bed Capacity (12/31/01): 177  
Number of Residents on 12/31/01: 116

Ownership:  
Highest Level License:  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 116

Corporation  
Skilled  
No  
Yes  
Yes  
116

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		42.2
Supp. Home Care-Personal Care	No					1 - 4 Years		33.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8.6	More Than 4 Years		24.1
Day Services	No	Mental Illness (Org. /Psy)	12.1	65 - 74	22.4			-----
Respite Care	Yes	Mental Illness (Other)	15.5	75 - 84	31.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	32.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.9	95 & Over	5.2	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.4		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	13.8	65 & Over	91.4	-----		
Transportation	No	Cerebrovascular	19.8		-----	RNs		10.6
Referral Service	No	Diabetes	2.6	Sex	%	LPNs		9.7
Other Services	Yes	Respiratory	12.9		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	19.0	Male	27.6	Aides, & Orderlies		
Mentally Ill	No		-----	Female	72.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Medi care (Title 18)			Medi caid (Title 19)			Other			Pri vate Pay			Fami ly Care			Managed Care					
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	1	33.3	144	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Skilled Care	20	100.0	293	79	96.3	107	2	66.7	123	9	100.0	167	0	0.0	0	2	100.0	245	112	96.6
Intermediate	---	---	---	3	3.7	89	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	20	100.0		82	100.0		3	100.0		9	100.0		0	0.0		2	100.0		116	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	13.2	Daily Living (ADL)	Independent			
Private Home/With Home Health	2.0	Bathing	15.5	44.0	40.5	116
Other Nursing Homes	2.0	Dressing	19.8	39.7	40.5	116
Acute Care Hospitals	82.2	Transferring	31.9	33.6	34.5	116
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	19.8	35.3	44.8	116
Rehabilitation Hospitals	0.0	Eating	57.8	16.4	25.9	116
Other Locations	0.7	*****				
Total Number of Admissions	303	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	9.5	Receiving Respiratory Care		10.3
Private Home/No Home Health	13.3	Occ/Freq. Incontinent of Bladder	44.0	Receiving Tracheostomy Care		0.9
Private Home/With Home Health	16.5	Occ/Freq. Incontinent of Bowel	47.4	Receiving Suctioning		0.9
Other Nursing Homes	5.4			Receiving Ostomy Care		6.9
Acute Care Hospitals	49.8	Mobility		Receiving Tube Feeding		6.9
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.9	Receiving Mechanically Altered Diets		37.1
Rehabilitation Hospitals	0.0					
Other Locations	0.6	Skin Care		Other Resident Characteristics		
Deaths	14.3	With Pressure Sores	6.9	Have Advance Directives		84.5
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	315			Receiving Psychoactive Drugs		60.3

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities  
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	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	65.0	82.7	0.79	83.8	0.78	84.3	0.77	84.6	0.77
Current Residents from In-County	62.9	82.1	0.77	84.9	0.74	82.7	0.76	77.0	0.82
Admissions from In-County, Still Residing	9.6	18.6	0.51	21.5	0.45	21.6	0.44	20.8	0.46
Admissions/Average Daily Census	261.2	178.7	1.46	155.8	1.68	137.9	1.89	128.9	2.03
Discharges/Average Daily Census	271.6	179.9	1.51	156.2	1.74	139.0	1.95	130.0	2.09
Discharges To Private Residence/Average Daily Census	81.0	76.7	1.06	61.3	1.32	55.2	1.47	52.8	1.54
Residents Receiving Skilled Care	97.4	93.6	1.04	93.3	1.04	91.8	1.06	85.3	1.14
Residents Aged 65 and Older	91.4	93.4	0.98	92.7	0.99	92.5	0.99	87.5	1.04
Title 19 (Medicaid) Funded Residents	70.7	63.4	1.12	64.8	1.09	64.3	1.10	68.7	1.03
Private Pay Funded Residents	7.8	23.0	0.34	23.3	0.33	25.6	0.30	22.0	0.35
Developmentally Disabled Residents	0.0	0.7	0.00	0.9	0.00	1.2	0.00	7.6	0.00
Mentally Ill Residents	27.6	30.1	0.92	37.7	0.73	37.4	0.74	33.8	0.82
General Medical Service Residents	19.0	23.3	0.81	21.3	0.89	21.2	0.89	19.4	0.98
Impaired ADL (Mean)	54.5	48.6	1.12	49.6	1.10	49.6	1.10	49.3	1.11
Psychological Problems	60.3	50.3	1.20	53.5	1.13	54.1	1.12	51.9	1.16
Nursing Care Required (Mean)	8.7	6.2	1.41	6.5	1.35	6.5	1.34	7.3	1.19